



# ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Louisiana Revised Statutes 44:51-57

1. Applicant must PRINT CLEARLY using a blue or black ink.
2. Applicant and Application Assistant must SIGN and DATE Application and Checklist.
3. Application Assistant must return Application, Checklist, Authorization Card(s) and supporting documentation to:

**Address Confidentiality Program**  
**P.O. Box 91301**  
**Baton Rouge, LA 70821-1301**

## FOR ACP USE ONLY

ACP Code: \_\_\_\_\_

Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>APPLICANT NAME</b> (Last, First, Middle or Maiden Name)	<b>DATE OF BIRTH</b> (mm/dd/yyyy)	<b>GENDER</b> (circle one)  M or F
<b>CO-APPLICANT NAME(S)</b> (Last, First, Middle or Maiden Name)	<b>DATE OF BIRTH</b> (mm/dd/yyyy)	<b>RELATIONSHIP TO APPLICANT</b>
A.		
B.		
C.		
D.		

### RESIDENTIAL ADDRESS (Address where the applicant lives) \*\*\*REQUIRED INFORMATION\*\*\*

Address \_\_\_\_\_ City \_\_\_\_\_ LA Zip Code \_\_\_\_\_

**CIRCLE ONE:** Shelter – Rental – Living with friends/family – Other: \_\_\_\_\_

### MAILING ADDRESS: (If different from RESIDENTIAL ADDRESS listed above)

Address \_\_\_\_\_ City \_\_\_\_\_ LA Zip Code \_\_\_\_\_

### WORK ADDRESS (if applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ LA Zip Code \_\_\_\_\_

**HOME TELEPHONE NUMBER**

( )

**CELL/PAGER NUMBER**

( )

**EMERGENCY CONTACT NUMBER**

( )

**ARE THERE ANY EXISTING COURT ORDER(S) OR ACTION(S) RELATED TO DIVORCE PROCEEDINGS, CHILD SUPPORT, CHILD CUSTODY, OR VISITATION?** Yes \_\_\_\_ No \_\_\_\_ If yes, you must list ALL the court order(s) or action(s) below.

City / County / State / Court with Jurisdiction	Names of Parties	Case Number (PLEASE INCLUDE)	Date Order Entered

**AFFIRMATION OF THE APPLICANT:** My application assistant and I have determined that the Address Confidentiality Program (ACP) should be part of my overall safety plan. I attest that I have good reason to believe that I or my co-applicant(s) are victims of abuse, sexual assault or stalking; and that I fear for my safety or the safety of my co-applicant(s). I have or will confidentially relocate in Louisiana to a place unknown to the perpetrator. Disclosure of my address will endanger my safety or the safety of my co-applicant(s). I hereby designate the Secretary of State as my agent for service of process and receipt of first-class, certified and registered mail pursuant to LA Revised Statutes 44:51-57. I understand that moving from the above residential address or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP. I understand that I am required to disclose my actual address as part of the registration required by the Revised Statutes 15:540 et seq. Sex Offender and Public Protection Registration Programs. I understand that knowingly providing the ACP with false or incorrect information is punishable under LA Revised Statutes 44:52 or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained in this form is true and accurate.

\_\_\_\_\_  
Signature of Applicant (or Parent/Guardian if Applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Application Assistant

\_\_\_\_\_  
Agency or Program

**Questions? Call (225) 925-4792 or 1-800-825-3805**

(\_\_\_\_)\_\_\_\_\_  
Agency Telephone Number